

ECM Provider Reminders & Checklist

The ECM program team at PHC has compiled friendly reminders and a check-list to assist providers as they partner with PHC to serve ECM members. Questions can be sent to:

ECM@partnershiphp.org

Reminders:

- Please continue to submit your Provider Return Transmission File to PHC:
[http://phcwebsite/Community/Documents/CalAIM%20Webpage/Provider%20Resources/ECM%20Provider %20RTF_FINAL.xlsx](http://phcwebsite/Community/Documents/CalAIM%20Webpage/Provider%20Resources/ECM%20Provider%20RTF_FINAL.xlsx)
- All invoice and claims should be submitted within 30 days from the service date. Providers have 365 days from the date of service to submit claims to PHC for payment consideration. Claims received on the 366th day from the date of service will be denied.
- For Whole Person Care (WPC) and/or Intensive Outpatient Care Management (IOPCM) clients, PHC will automatically generate a TAR for the assigned ECM provider. This TAR will provide continuity of care to the member and the member shall be authorized to continue ECM services for six (6) months. ECM providers can use this time to update Release of Information (ROI) and the Individualized Care Plans (ICP) for these members if it is anticipated that the member will continue with services in July of 2022. The ECM provider shall submit a new TAR to PHC for these clients no later than July 1, 2022.
- While not required, a best practice for ECM providers is to stagger reauthorizations (renewals). This can help with potential delays in TAR review and ease administrative functions.
- ECM Providers are required to outreach and engage with newly referred, potential ECM eligible members at least three (3) times before discontinuing outreach efforts. These outreach and engagement attempts shall be tracked and reported to PHC on the Provider Initial Outreach Tracker.
http://phcwebsite/Community/Documents/CalAIM%20Webpage/Provider%20Resources/ECM%20Provider_IOT_FINAL.xlsx
- ECM Providers must successfully engage with members at least once every month to continue enrollment in ECM. If not, the member must be disenrolled.

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- ECM providers should notify discontinuation of ECM eligible member to PHC (refer to page 9, section F of the [MCCP2032 ECM Policy](#))
- Education and resources for billing can be found on PHC's website here: <http://www.partnershiphp.org/Community/Pages/CalAIM.aspx>

ECM Provider Check-List:

- Collective Medical account activated
 - ECM providers must upload a copy of the member's ICP to Collective Medical
 - ECM providers must upload a copy of the member's ROI to Collective Medical
 - PHC shall assign new referrals to ECM providers in Collective Medical, every 30 days if the ECM provider has capacity to accept new members.
 - Contact Information:
 - Email: support@collectivemedical.com
 - Phone 801-285-0770
 - Collective Medical Training:
<https://partnershiphp.webex.com/partnershiphp/ldr.php?RCID=242556f464ff8986b4f1580329807b2e>
- Individualized Care Plan (ICP)
 - ECM Providers may use their own ICPs so long as they meet the minimum core elements of the ECM benefit addressing identified: Medical, Behavioral Health, Dental, Long-Term Supports and Community Referral(s) needs.
 - PHC has provided an ICP template for ECM providers to use if necessary.
 - <http://phcwebsite/Community/Documents/CalAIM%20Webpage/ECM%20Documents/ECM%20Care%20Plan.pdf>
- Release of Information (ROI)
 - ECM providers can use their existing ROI forms, but those forms must use 'ECM specific' information/provisions.
 - PHC has provided an ROI template for ECM providers to use if necessary.
 - http://phcwebsite/Community/Documents/CalAIM%20Webpage/ECM%20Documents/ECM%20ROI%20Form_Eng_Draft_Updated%2012.21%20final.pdf

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- Treatment Authorization Request (TAR)
 - ECM providers shall submit their TARs through the PHC provider portal or by using the PHC UM TAR form.
 - TAR Form:
<http://www.partnershiphp.org/Providers/HealthServices/Documents/TAR%20MODIFICATIONS%2008.25.21.pdf>
 - ECM providers shall attach a copy of the ICP and ROI to the TAR. Any TAR missing this information will be denied and the TAR will require resubmission to PHC.
 - PHC will review all fully completed ECM TARs within 1-5 business days; however, PHC's average decision time is 24 hours.
 - It is a best practice for ECM providers to stagger TAR submissions to PHC so that there is not unintended administrative burden of renewal TARs.

- Claims and Billing
 - ECM Providers that intend to utilize the invoice billing format are required to contact EDI Enrollment and Testing via phone: (707) 863-4527 or via email: EDI-Enrollment-Testing@partnershiphp.org to establish a secure file transfer protocol (FTP) connection prior submitting an invoice to PHC.
 - ECM providers can submit electronic or paper claims once there is an approved TAR in the PHC system.
 - Electronic claim submission is the preferred billing method for quickest reimbursement. For more information about electronic claim submission. Contact EDI Enrollment and Testing at (707) 863-4527 or EDI-Enrollment-Testing@partnershiphp.org

Please reach out to CalAIM@partnershiphp.org for any questions. And be on the lookout for upcoming bi-weekly PHC ECM Provider Roundtable meetings starting in January!

Roundtable Registration Link:

<https://partnershiphp.webex.com/partnershiphp/onstage/q.php?PRID=653897d6c98588dd1c aa3a82f184bf18>

For more resources, visit our webpage here:

<http://www.partnershiphp.org/Community/Pages/CalAIM.aspx>

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